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The American Physician

PUBLISHED MONTHLY

Editor: FRANK KRAFT, M. D.

"Hew to the line, let the chips fall where they may"

A. L. CHATTERTON & CO., Publishers

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New York Office: 259 William St.

CALCUTTA: 114 College Square

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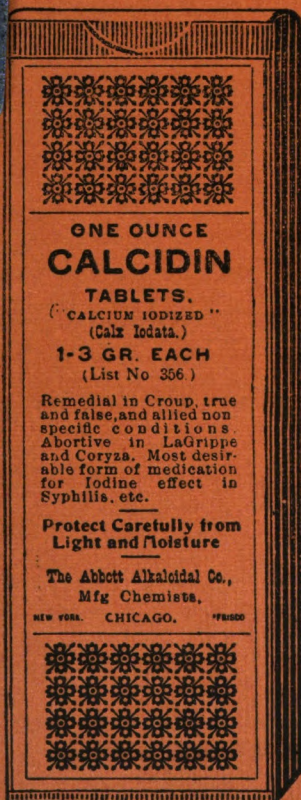
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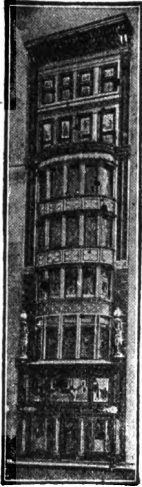
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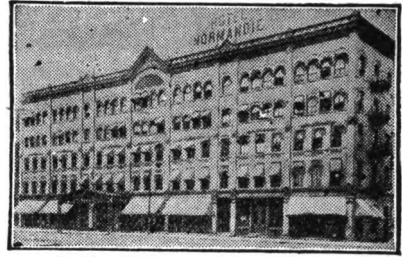
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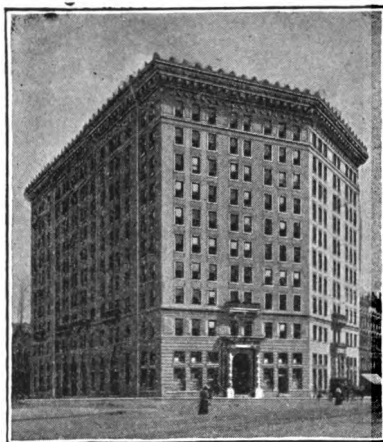
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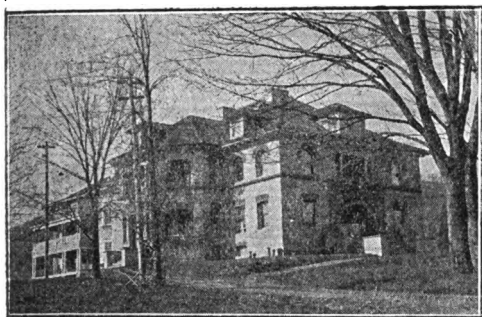
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The American Physician

APRIL, 1908

FRANK KRAFT, M. D., EDITOR, CLEVELAND, OHIO

SURELY the homeopathic profession can no longer find fault with the American Institute of Homeopathy, under the old plea that Homeopathy was about the only article which that Institute did not have on tap.

* * *

LOOK at the bureau presentment of Homeopathy by Chairman Rabe, in Dewey's Century, note the absolute homeopathicity of every paper presented, and then continue to find fault, if you dare, with the kind of Homeopathy furnished the Institute.

* * *

PROFESSOR KENT, also, whose name to-day is as well known as was formerly that of Hering and Dunham, and who chairmanships the Materia Medica and General Therapeutics Bureau of that same Institute, has already sent to the Secretary his Bureau appointees, and their titles of papers, giving further evidence of the feast of Hahnemannian homeopathy for the Kansas City meeting. Duffield, of Citronelle, Ala., has turned in his Clinical Medicine Bureau, filled with alive, interesting and, above all, homeopathic topics and authors. Manning of 'Frisco, is busily at work with Sanitary Science, a number of practical papers having already been promised.

* * *

HASSLER of the S. & G. Society has a big grist of fine papers promised, which in the end may be bigger yet;—and so it goes: each department making a special effort to bring its very latest and best to Kansas City.

* * *

THEREFORE, despite the panic and hard times, you cannot afford to be absent from the next meeting; and if you are not yet a member, make application at once. It is going to be a record-making meeting!

THE titular and dèc-stang appendix "A. M.," so frequently found now-a-days to medical doctors' names—many of them got Heaven only knows how—looks, sometimes, a much out of place, as the current fashion of penning a half-column of allopathic Bibliography to a homeopathic paper. This singular or plural suffix reminds us that in our homeopathic school we have one prominent practitioner, and this year chairman of one of the Institute's bureaus, who reverses the order of the placing, as the Chinese are said to do with their eating things, putting the ice cream first on the maynew and last year's bird's nest soup last,—let's see where we were at—oh, yes, and like one of Tom Hood's poems puts the rhyming words at the beginning instead of at the end of the line. That is to say, he puts the "A. M." first, and justly so, his name and M. D. following. Impossible! Not a bit of it. It's our long-time and piratically bewiskered friend A. M. Duffield, M. D., of Citronelle, Ala., who is going to bring one of the finest clinical medicine bureaus ever to Kansas City. See it now? Yes, originally he was a Boston boy, which may account for it in part.

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THE appearance of several large books devoted to homeopathic Therapeutics and Clinical Medicine recalls the attacks made by some of our homeopathic purists on Halbert's "Practice of Medicine." It comes to us hot from the bat, and thoroly vouched for that the entire first edition, of two thousand, barring a couple of hundred copies, has been sold out, and talk is being indulged in to have a second and further revised and added-to edition appear. If chewing of the string is proof of the pudding, then Fra Halbertus has nothing especially harmful or sarcastic to say concerning those smell-feast friends who indulged their little personal attacks upon him and his book. The book has made a distinct impression upon the newer and more up-to-date homeopath, and all this during an unusually dull time and without the customary circus or "billboard" advertising. We congratulate Dr. Halbert, and hope he may find time enough from his many other labors to give us a second edition.

HYSTERIA—ITS DIAGNOSIS AND TREATMENT.

BY J. RICHEY HORNER, A. M., M. D., CLEVELAND, OHIO.

Diagnosis as between cerebral and spinal cord origin of the diseases of the nervous system means much to the neurologist; just as much, diagnosis as between the functional or organic nature of the disturbance. It is too true that "functional" covers a multitude of diseases. It is so easy to dismiss a case with the assurance that the disturbance is purely functional, while oftentimes it is exceedingly difficult to determine definitely the exact lesion and its location. Hence it is that diseases have often been diagnosed functional when there is actually a pathological demonstrable change in the structure of the nerve tissue.

Too commonly for comfort, does a neurologist have referred to him cases which have been diagnosed as hysteria, only to find that there is really a structural change present, nearly always incurable. For instance, a lady, twenty-one years of age, was noticed to have a peculiar gait. This was stiff and stilted, more noticeable on going upstairs. There were some manifestations of hysteria present and the whole complex of symptoms was diagnosed as hysteria. Among numerous other symptoms, she had an inability to lift the knees while she was seated. Extension at the knee-joint was only fair, while flexion was normal. While standing, it was with great difficulty that she could place her foot upon the sofa, and then only by adopting a swinging motion. She could not even *swing* the left foot upon it. There were no sensory symptoms; there was no atrophy; and no complaint was made of the upper extremities. The knee jerks were very feeble, while the wrist jerks were exaggerated. Note, particularly, the fact that the knee jerk was almost lost. Here we have a positive indication of impaired nutrition of the second lumbar segment, while the complete loss of power of the iliaco-psoas muscles indicated that the first lumbar segment of the spinal cord was very much more seriously affected. In other words there was a positive organic affection of the cord present. The after-history of the patient showed the correctness of this conclusion. Under properly directed treatment, there was a decided gain in the general condition, but all movements performed by the iliaco-

psoas muscles were very limited and the knee jerks never regained their normal activity.

Disseminated sclerosis and Friedrich's ataxia are other conditions which have in some instances been diagnosed hysteria.

It can, therefore, be readily seen that great care should be at all times exercised not only to give proper weight to symptoms indicating functional derangement, but that the possible presence of organic disease be taken into consideration. Several guides to a proper diagnosis stand out prominently. The knee jerk, as noted above, is not either abolished or even diminished. It is either normal or, much more frequently, exaggerated. So also are the other reflexes, except one—and note most carefully this exception. The plantar reflex is *absent*. This has been demonstrated time and again. Tickling of the sole of the foot brings no response. Another point is the absence of the ankle clonus. While in hysteria we may get a few clonic jerks of the foot, the steady, persistent ankle clonus comes with organic disease of the cord only.

Contractures are often found in both organic and functional diseases of the cord. In hysteria, these are active, of sudden onset, local in character, and disappear under anesthesia. There may be a contracture, functional in origin, but of such long continuance and persistence as to stimulate the organic form. A case will illustrate. A lady, thirty-three years of age, had complete loss of power of the left arm and both legs. The only point in the history now of interest to us is the fact that at the age of twenty-one she had fallen and broken her left arm and wrist and finger, as she said, and the hand had been useless ever since. The arm, elbow, and shoulder had been helpless for only about ten months. At the time of the examination, the left hand lay in rigid flexion, the joints could not be voluntarily moved; the patient could not stand, and there was rigidity of the legs in the extended position. Both ankles were extended and the toes were overextended on the metatarsus. There was no voluntary power over the joints and no alteration of sensation. The plantar reflexes were very much diminished. A diagnosis of hysteria was made. The fingers were forcibly extended and placed on a splint. Next morning, when the splint was removed, the patient was able to move the fingers to a considerable extent. The legs were forcibly flexed at the knees and the feet dorsal-flexed as much as

possible. There were evident adhesions in the ankle joints which resisted flexion. Some of these were broken down. Two days afterwards, the patient could move all the joints of the legs a little. From this she progressed until at the end of two weeks she could use the left arm and hand perfectly well and was able to walk fairly well without help.

In this case there was no real muscular contracture. The adhesions in the joints were the result of long disuse, and when broken up allowed return of the parts to normal position and use. By this we can see that contractures do not always contraindicate hysteria.

An interesting comparison might be made between this hysterical contracture and the late rigidity of hemiplegia. In true hemiplegia you cannot by any amount of force straighten the whole limb at the same moment. If you straighten the fingers, the wrist remains rigidly flexed. Bring the metatarsus into line with the forearm by extending the wrist, the fingers will become rigidly flexed. In the above case it was found that the fingers and wrist could be extended at the same moment, thus bringing the forearm, hand, and fingers into the same plane. In this case aphonia was a prominent symptom, finally disappearing. In many cases we find this peculiar symptom. In fact, its presence may be said to always warrant a suspicion of hysteria.

Another characteristic of hysteria is the fact that its symptoms change so frequently in their nature, location, and character. Pains may be in one place one day and in an entirely different place the next. Even anesthesia and hyperesthesia may vary in their location from day to day, almost from hour to hour.

In hysteria there is no sphincter paralysis, no tendency towards the occurrence of bedsores, and no cystitis. Astasia-abasia often occurs as do transient paralyses. We may get tremors, which are usually of the coarse variety and intermittent. Hysterical singultus may occur.

Having settled the question of diagnosis, affirmatively, the question at once arises as to the proper treatment to be pursued, and this is answered by the practitioner according to the tendency of his thoughts. The average will look for some material pathology, on the assumption that there can be no sickness without visible lesion. The microbe, the malforma-

tion, or the deformity is sought, and preparation is made to do battle with knife, cautery, or antiseptic. And yet one has no reason to doubt the possibility of the existence of a pathology, even though it may not be demonstrable. Moral and psychic life presupposes the integrity of the brain, and it is admitted that for each mental state, there is a corresponding special condition of certain cellular groups of the thinking organ. There is between intellectual work and the ensuing fatigue a close relation as evident as that which exists in muscular exercise. Hence, since there is some sort of action, there must be some sort of wear—hence a pathology. Perpetual motion has not yet been demonstrated to be possible. Energy cannot be destroyed—neither can it be created; there is simply the transference of energy. It is not rational to suppose that all this activity in the cellular elements can take place without some actual loss of substance—without the need for repairs. When our emotions become more sensitive, when we are conscious of a feeling of sadness, it is because there is some change in the cellular arrangement of our neurons. In other words, we are ill.

As before intimated, means for a cure will be adopted in accordance with the ideas of the one in attendance. The surgeon will look for some physical cause to be removed with the knife. It is not wise to look too singly and solely upon this implement of warfare. The sight may be blinded. Many times it would have been well had the surgeon looked beyond the edge of the knife. A case in point; perhaps two of them.

A few weeks ago, I was called to see a woman of sixty-five who was on the verge of hysterical convulsions. She had been ill for months, and one of her symptoms was irritation of the clitoris. That being visible, the surgeon cut it out. Now she is suffering the tortures of the damned, because of the presence of neuromata upon the ends of the severed nerves. *

Another case.—A healthy woman of thirty-five years is intensely jealous of her husband. She tells me that about seven years ago her ovaries were removed. Only one was diseased, her surgeon told her, but he had taken out both of them because "she had already had three children, and he thought he might just as well bring about the change of life." But what happened? The woman knew she could have no more children. She soon discovered that sexual relations were distaste-

ful to her and unsatisfactory to her husband. Hence, she feared that her husband might soon tire of her. It was only a step from that idea to the feeling that he had tired of her and that he was too much interested in other women and they in him. The situation progressed until attempted violence resulted in her being committed to a hospital for the insane.

Forcheimer says: "Hysteria is *never* of uterine, is always of *central* origin; hence, removal of the uterus should be solely for gynecological reasons. Let no one presume to mutilate a woman because she has hysteria."

The purely medical man looks at his case through a vista of bromides, coal-tar derivatives, narcotics, and the like. His treatment is along these lines.

Hysteria is one of a class of psycho-neuroses to which treatment by psycho-therapy is particularly applicable. It is a disease pre-eminently psychic and its treatment should be psychic. In all these affections the ideation is at fault and this acts as a causative factor in the development of the symptoms. Mental hygiene might be a good name to apply to this means of cure, for the treatment must be both mental or moral, and hygienic.

The object of the treatment is to make the patient master of himself, and the means to that end is the education of the reason or will. Still better would it be to say, the *re*-education of the reason or will. It consists of a series of explanations, carefully made, which cover the whole psychical syndrome. The chief, really the only means necessary for adoption in many cases, is this persistent, gentle, quiet explanation of the symptoms present. No attempt should be made to bully or frighten the patient, nor should we attempt to cure all the symptoms at once. We would thus tax too greatly the confidence of our patient. Ordinarily one symptom at a time or in closely associated groups should be taken up, and when these have subsided we can attack another. With each success we have augmented our patient's faith in our ability to cure.

An important point is the personality of the physician. The patient for the time being has lost his will-power and is not able to cast aside his introspective tendencies. He becomes self-centered and egotistic. Self is of the first importance to him. Until he regains this lost will-power and has lost his

egoism, the will-power of the physician must be a substitute for his, putting the physician in absolute control. Above all things, we must be firm in our course. If our patient is imbued with his auto-suggestion, we must get at the keynote of his trouble and find out a how to get hold of it. Everything in hysteria proceeds from mental representation. An hysterical person is an actor who has lost his head and plays his part imagining it to be real. He must be called to real life with that gentle firmness of which we have spoken.

This method is not new. For ages it has been recognized that through mental symptoms we must often gain a clue to the proper means to use in effecting a cure. Hahnemann recognized this. Everywhere in his writings he lays emphasis on mental symptoms, insisting that without a proper consideration of these a proper selection of a remedy is impossible. Pinel, than whom no greater authority on mental conditions ever lived, said that the rôle of the physician is first of all to start the work of logical reflection.

The patient must be removed from the seat of psychical unrest. This is an absolute necessity. Case after case could be cited which would show the necessity for this precaution. But this may not be possible, and in such cases we can only do the best we can to effect a change which may not be beneficial.

A modified rest cure may be instituted for those who must be at home and must attend at least partially to their duties and engagements. Some such routine as the following might be adopted: A glass of milk before rising; cold sponge bath; breakfast in bed; rest until ten A.M.; ordinary occupation until noon; noon, dinner; rest one hour; three P.M., walk or drive; four-thirty P.M., glass of milk with crackers; six-thirty to seven, supper; rest one hour; nine P.M., massage; then bed until seven A.M.

During an acute attack absolute isolation must be had so that the patient is made to feel, as Graham Brown puts it, "that the comedy is being played without an audience."

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HIGH FREQUENCY EFFLUVATION AND SPARKING IN THE TREATMENT OF MALIGNANT TUMORS.

BY DR. J. A. RIVIÈRE, PARIS, FRANCE.

At the present time, when many eminent surgeons acknowledge the efficacy of physico-therapeutics, I wish again to bring forward the propositions I was the first to assert in 1900 and 1903.

Certainly in spite of the wavering condition of actual therapeutics, in spite of the fatalism existing in the theories on the obligatory increase of malignant tumors, I deem that the cures (pretty numerous), and the numberless very grave cases in which improvement has been obtained by the aid of physico-therapeutics, should make us regard as culpable negligence the fact that no recourse has been had to these agents which pre-eminently have a local and general modifying effect, all the more so because, when in the hands of experienced medical men, they present no danger and give rise to no inconvenience.

On those lines I wish to bring before this Congress a useful contribution by summing up my observations of more than ten years, and to demonstrate plainly at this meeting the results of my clinical experience.

Amongst the physico-therapeutic agents whose action is the most remarkable, I must, above all, point to high frequency and high tension effluves and sparks. The regulation of their activity is pretty easy, according to the case. I preferably employ the long currents and the bipolar sparks when it is necessary to act on tumors deeply situated, reserving for epitheliomata the monopolar applications. At the International Congress of Medical Electricity and Radiology (Paris, July, 1900), I gave an account of my first successes by this method. I mentioned them again in 1903 in a communication to the Academy of Medicine, the importance of which was supported by numerous observations and by the presentation of several patients.

In these communications, where for the first time in radiology the diagnosis was sustained by a histological examination, I was the first to assert that which has since been confirmed—namely, that the high frequency effluves and sparks cure both

superficial and deep malignant tumors; that they destroy the neoplastic masses, whilst they respect the healthy tissues; that their action on lymphoid tumors is most marked; that they should, in conjunction with the Roentgen rays, when employed after operations, serve to prevent the recurrence of malignant tumors; that physico-therapy is the one and only resource in cases of inoperable tumors; that the strength of the Roentgen rays can be very great without producing impairment of the tissues; that occasionally the actinodermatitis seems to hasten and to favor the cure; that it is indispensable to push the treatment as far as elimination of the necrosed parts, then to come back to the general circulation; that the neoplastic cell does not derive any benefit from the synergic forces of the healthy cells under the influence of the nervous system; that it is always necessary to pay great attention to the patient's general condition, as well as to the treatment of the local lesion; that in the presence of a disease as tenacious and grave as cancer, the medical man should know how to accommodate the power of the treatment to the resistance of the disease, and so bring judiciously into play all the resources of the physico-therapeutic armamentarium.

Since that period, without abandoning the use of the Roentgen rays, but faithful to my first convictions, I have within the knowledge of my colleagues, given the first place in treatment to the high-frequency effluves and sparks as being more reliable and more conclusive. However, according to my usual method (which since 1901 I have many times explained to learned societies and also in the *Annals of Physico-therapy*), I regard as legitimate (and going still farther, as indispensable) the therapeutical alternation and superposition of the various physico-therapeutic agents in order to obtain a cure. The medical man, dealing with pharmacology, does he not vary, and at the same time bring together, his authoritative or galenic formulæ? The surgeon, always anxious to carry out antiseptic methods, does he not know how to successfully combine the different resources of *materia medica* so as to multiply the curative action with a minimum of possible inconvenience? In the same way the physico-therapeutic expert should know, when he realizes that the action of one of his remedies is exhausted, how to have recourse to another in order to perfect a complete cure. (Here we have a point of

observation the explanation of which can be found even in the warfare between the cells.) This cure, thus considered, terminates, even in the most hopeless cases in a lessening of the pain, in resolution of the tumor, in improvement of the dyscrasic condition, in re-establishment of the nutritive equilibrium. I have not thought it necessary to employ chloroform and the curette, as later on my confrère, Dr. Keating Hart, has done. The apparatus I have used, all differing in their mode of production and in their intensity, are the best and the most powerful made up to the present date, and I have always maintained that the patient can bear without pain the longest effluves and sparking on condition that these last are not too strong. Those high-frequency sparks and effluves, the different productive arrangement of which allow of variations in their application, are the ones which exercise an elective action on the neoplastic cell.

Between the spark and the effluve there only exists a question in degree of concentration in the strength of the high-frequency. The effluve is a spark divided into more or less fine rain-like spray; it is emitted from an electrode bristling with points, whilst on the other hand the spark is given off from one point only. The effluves and the sparks, thanks to the perfected apparatus I have made use of, can be short or long, scarce or in large numbers, fine or dense; for this it is merely necessary to alter the working of the apparatus. An even better plan is to have at one's disposal, as I myself have, several apparatus of different construction. There are various shades of dissimilarity between different sparks and effluves, according to whether they are short, fine, long, or dense. The short, warm sparks of great strength are the ones that exercise the thermo-electro-chemical action of which I spoke in 1900. They destroy the neoplastic masses, and their action proceeds from the periphery to the center. These sparks, which are derived especially from the small solenoid or even from the primary part of the resonator, cause pain. The long sparks and effluves act by percussion, and their effect is deep. Their action from a certain distance is necessary for the disorganization of the deep neoplastic cells. The short sparks that are taken up by the small solenoid act specially by their ampèrage. The long effluves or the sparks taken up by the secondary part of the resonator act, above all, by their voltage, which can attain

300,000 volts, or 600 watts. The strength of the transformers, the capacity of the condensators, the relations of the different capacities when brought face to face, the length and the diameter of the conduction wires, are so many factors which intervene to modify the condition of the sparks and of the effluves.

As I have always pointed out, the origin of cancers is comprised in a direct insufficiency of the nervous system at a determinate point of the economy. At this point soon appear unexpected, disorganized cells, wretched waifs that offer a power of resistance absolutely incapable of withstanding the electrical effluves. These last without delay eliminate the neoplasm and at the same time re-establish the nervous influx and the physiological action of the neurons. I may here remark that the elimination is very much more rapid when the cells are denuded, so that the dynamic penetration can operate directly on the very elements of the tumor. The cancer cell is a young cell (even embryonic), containing within itself an inexhausted reserve of the power of evolution. In my thesis (Paris, 1884) I spoke of the force accumulated and condensed in the generative cell, and of the evolutionary force associated with the material (for me the state of condensation of power). Hallion has cleverly put forward the very likely hypothesis that with regard to cancer we have to deal with a cell rejuvenated by abnormal fecundation, and not with a cell that has remained young and that has taken on again (by reason of any application of *vis a tergo*) an evolution which for a long period had been interrupted. This is the karyogamic theory, a rational hypothesis of renovation by conjugation or copulation of fertilizing nuclei. This theory explains the injudicious and ill-timed effort taken on by a species of cell held in "subjection" to try to regenerate itself in the same manner as a species of cell which is autonomous or "free." For this reason the neoplastic cell is much weakened in its resistance. It conducts itself as a veritable pathological sperm, a promoter of tumors, inasmuch as this aptitude of conjugation, this karyokinetic particularity, are pathognomonic of malignant tumors. Unconfined and absolutely freed as to its direction, thrown out, as it were, the cell becomes the founder of a liberated tribe which renounces, so to speak, all social compact and ignores its previous obligations with regard to the organism. Therefore, as the

nervous system no longer directs it, naturally it has a tendency to exhaustion and atrophy (such is the ephemeral existence of protists). All this I have said before, more than twenty years ago, in my works on nevrarchy and nervism.

The ingenious karyogamic theory (supported by Maupas, Fabre-Domergue, and Hallion) explains to us the rarity of cancer at very advanced age, and the pretty frequent etiological rôle played by traumatism, and especially by frequent irritation, in the ordinary proliferation of malignant tumors. By disturbing elementary nutrition we always realize these conditions of imperfect alimentation which, according to Maupas, favor cellular conjugation in the infusoria. I will add that uric acid should also be taken into consideration as a cause of permanent irritation in anatomical elements. It is for this reason that arthritic subjects furnish every day so important a tribute to carcinosis. It is also for this reason that this terrible diathesis presents a development parallel to the curve of the consumption of meat and of fermented or distilled drinks (vegetarians and abstemious people in a large proportion escape the visitation of cancer). High-frequency currents, by preventing the precipitation of urates, by favoring elimination and complete combustion of nitrogenous matter, cut off, as it were, the supplies to the cancerous process, thus preventing the organic cells from taking on karyogamic proliferation, the great abettor of neoplasms and of the most serious neo-organisms.

CONCLUSIONS.

(1) It has always seemed to me that high frequency currents, in the form of effluves or of mono- or bi-polar sparks, enjoy the property of having the most trustworthy, the most continuous, and the most penetrating, modifying action on neoplasms. This observation is the result of experiments and researches lasting over ten years, and my rights of priority in this respect go back to my communication to the Congress of Medical Electrolysis and Radiology (Paris, July 27th, 1900), and to my communication to the Academy of Medicine in 1903.

(2) Nevertheless, one must not be exclusive, and it is our duty to judiciously utilize against neoplasms all the practical agents contained in the physico-therapeutic armamentarium. Roentgen rays, actinism, sparks and currents of static elec-

tricity, radium,* ultra-violet rays, ionization, electrolysis, etc., etc., all furnish valuable and often indispensable help in hastening the cure either by destroying the neoplastic masses, or by strengthening the neurons, or by impelling the neoplastic particles destroyed and carried away by the stream of the circulation to take on the necessary elimination, or finally by bringing back the vital processes to the normal.

(3) The power of the big bi-polar effluves or of the high-frequency sparks is especially more penetrating and more efficacious in the treatment of deep tumors. It is this power that foils with the greatest vigor the whole histogenesis of malignant tumors, and this without the slightest possible suspicion of inflammatory reaction, inasmuch as violet irradiation contains no calorific ray.

(4) It is the karyogamic theory of Hallion (disordered liberation of the cells and fecundation of the embryogenic elements) that best explains the reason my treatment invariably respects the vitality of healthy tissues, and at the same time possesses a kind of elective affinity for the constitutive elements of the neoplasm.

(5) Malignant tumors from their commencement, recurrent tumors and those considered inoperable, are amenable to physico-therapy.

(6) As in 1900 and 1903, I still persist in asserting that large tumors should be removed by the bistoury and treated afterwards by my method to prevent recurrence, and to cure a recurrence should it take place.

(7) Effluviation and the projection of high-frequency sparks should follow all surgical operations on malignant tumors.

(8) With the object of preventing recurrence after cicatrization, a few currents applied periodically, then after intervals, whose lengths should be decided by a medical man, seem to me of paramount necessity.

* With reference to Radium, it is with much pleasure that I recall a conversation I had with my distinguished colleague, A. Darier, on the occasion of his visiting me in August, 1903, to express his astonishment on finding, when he returned from his holidays, that a patient, who had suffered from generalized lympho-sarcoma, whom he had confided to my care *in extremis* three weeks before, and who had been irremediably condemned by him and by several other medical men, was absolutely cured. I then told him, word for word, that he had before his eyes the result of a combined action of Röntgen rays and high-frequency effluves and sparks, that in 1900 I had spoken of the action of the actinic rays, and that, in my opinion, Radium together with actinic Röntgen rays must have an absolutely certain and positive action on cancer. We went out together to buy some Radium. A little while afterwards, in a very important paper he read to the Academy of Medicine (reported by M. Cornil), he related the case of this patient I had cured by extensive high-frequency effluves and sparks and the Röntgen rays, and he seized upon this occasion to speak of the action of Radium on Cancer.

(9) Physico-therapy, which is the rational method to employ against malignant tumors, constitutes also for them a line of preventive therapeutics.



THE ELEMENTS OF PHYSICAL THERAPEUTICS.

BY WM. BENHAM SNOW, M. D.

(Continued from page 105.)

The hot water bath as a general application possesses an advantage over the Russian bath and is a convenient method of inducing prompt relaxation or reflex stimulation under conditions in which it would not be convenient to administer the Turkish or dry hot air bath.

The hot douche for the employment of heat by means of hot water, is the recognized method of administering heat to the cavities of the body. The method was first accorded urgent recommendation by Dr. Thomas Addis Emmett, of New York. The value of this measure is appreciated by the profession at large; but too often douches have been administered in a perfunctory manner, the necessity for maintaining the temperature at 108° to 110° F. for long enough periods of time not having been generally appreciated by many who have employed and prescribed it. The value of this method was ably described in the work of Dr. Emmett.

The administration of dry heat may be made either by means of apparatus constructed for the purpose as the local and body hot air apparatus, or by means of light baths which combine the effects of radiant and convective heat; the accumulated heat in the inclosed cabinet having the convective characteristic with the radiant heat added.

Another method which is practical at the bedside is effected by placing alongside of the patient, covered with one thickness of Turkish toweling to prevent the bottles of hot water from coming in contact with the skin, or by wrapping the receptacles in moist or dry flannel cloths, as many gallons of boiling hot water as is desirable, covering all with flannel blankets. In this manner dry heat may be applied with pronounced effect at a temperature of approximately 200° F. and maintained for as long a time as desirable.

When the local or body hot air apparatus is employed, the parts exposed to the heat should be wrapped in two or three

layers of Turkish toweling so applied as to come in contact with every part of the surface so exposed, in order that the perspiration as it escapes from the tissues may be taken up by capillary attraction from the surface by the little wicks of the toweling. At any part of the surface that is not in contact, drops of water will collect, boil, and scald the surface; for with the temperatures employed, 300° to 400° F., the water will be readily raised to 212° by the penetration of heat through the wrappings. The rapid evaporation from the skin under these conditions permits an intense application of heat to the surface under the above precautions, with the induction of intense hyperemia and without danger to the tissue so exposed, offering one of the greatest facilities for the induction of profound reflex stimulation and intense hyperemia so valuable for the treatment of infectious troubles, as well as inducing pronounced elimination through the agency of the perspiration.

The hot box, used in connection with hydrotherapeutic applications, is so constructed that the patient, seated upon a stool, nude, with the head protruding through an opening, which closes about the neck, is exposed to an influx of dry heat at temperatures from 200° to 225°. This method is so employed, when it is intended to be followed by the application of the hydrotherapeutic douche, spray, or plunge, the sudden changes of temperature being employed to induce extreme degrees of reaction. *The light bath*, as employed by Winternitz and his followers in connection with the hydrotherapeutic establishments, is rapidly replacing the hot box.

The Turkish bath administered to the patient nude in a room heated to a temperature of from 150° to 170° F., is a popular method of applying heat for the induction of perspiration. The particular objections to this method are that the patient is obliged to inhale this heated air, and that with the head in the same temperature, moist towels but partially relieve the disagreeable effects of cerebral congestion. This method of treatment is as a rule employed in connection with rubbing, kneading, and massage, and possesses certain advantages of a popular sort, but is not calculated for use in the treatment of localized conditions, or when there is indication for profound effects upon general metabolism.

The physiological effects of convective heat give it rank among the most valuable of the therapeutic agents. It occu-

pies a well recognized place of great utility in the sanitariums, at the bedside, and in the office of the practitioner. The effects may be divided into local and general.

The local applications of convective heat as applied to inflammatory conditions, from the point of view of a local contringent, was ably described by Dr. Thomas Addis Emmett in the third edition of his work on "Principles and Practice of Gynecology," page 111, in the following language:

"Cold is a prompt exciter of reflex action by which the vessels are made to contract, but on reaction taking place, the parts will become more congested than before, both the arteries and the veins being distended.

"Heat, unless at a temperature that would destroy the parts, does not act so promptly in causing this contraction as either electricity or cold. In fact, its immediate effect is to cause relaxation, and to increase the congestion of the parts; but, if its application is prolonged reaction ensues, and contraction takes place; in other words, the reaction from heat is contraction. Under the increased nerve stimulus the capillaries are excited to contract, this effect extending also to the coats of the larger vessels, and as their caliber becomes smaller the congestion is diminished. The popular belief is that heat relaxes and increases the congestion of parts, and such indeed is the case at first. But a hot poultice is never applied with the object of increasing the congestion, but, as any 'old wife' would express it, to draw the 'fire' or inflammation out; in other words, it lessens the congestion by stimulating the blood-vessels to contract. That such is the effect, from the prolonged use of a poultice, is familiar to everyone, and is well shown by the blanched and shriveled appearance of the tissues after its removal. The hands and arms of a washerwoman, when in hot water, become swollen at first, from the increased flow of blood to them, but it is a well-known fact that they afterwards become markedly shriveled.

"Placing the hands in cold water at once causes the skin to shrivel, as the vessels are stimulated to contract, but we know that reaction promptly comes on, and a larger quantity of blood returns to the parts than was driven out. But, after soaking in hot water, the skin does not recover its natural appearance for hours, since the capillaries remain contracted. In their return to the natural state the reaction does not go on

to a paralysis of over-distention, and hence there is no subsequent congestion. The immediate effect of cold upon the capillaries, therefore, is contraction, and with reaction comes dilatation; but the reverse is true of heat, which causes at first dilatation, followed by contraction."

Acting upon the principles laid down in the above explanation of the effects of heat and cold, the author has made use of these agents for more than twenty years. At the time of the publication of the third edition of Dr. Emmett's work (1884), there was no published knowledge of the action of the phagocytes—connective tissue, cells (macrophages), or leucocytes (mycrophages)—which envelop germs and devour them. The significance, therefore, of the induction of intense local hyperemia and the fact that such hyperemia favored destruction of microbes, could not then be appreciated. At this time, however, when it is a well established fact that the body in varying degrees depending upon the physical condition of the individual is capable by its own defenses of destroying infectious elements through the agency of these active cell bodies, the recognition of phagocytosis is of the greatest significance.

That in the early stage of superficial suppurating processes, the application of heat, with the proper degree of energy, is a most certain means of resolving the process, has been established by the writer and many other observers by practical experience.

There are several possible factors which may be active in effecting the resolution and healing of septic processes as induced by the administration of hot applications. (1) The increased hyperemia occurring with tissue relaxation, which is present during the early part of the heat administration, brings into the involved tissues a greater number of leucocytes in proportion as the volume of arterial blood is increased, together with an increased amount of oxygen, so essential to local metabolism and prompt diapedesis of the leucocytes. (2) The profuse local and general perspiration induced, alters toward normal the fluids in the field of involvement and coincidentally eliminates to an extent other materials affecting the constitutional condition of the patient possibly favoring a general phagocytosis. (3) The action of heat, upon the superficial tissues, may coincidentally inhibit the activity of the mi-

crobes, or by altering of the constitution of the fluids, as suggested, produce a larger degree of positive chemotaxis; or (4) the production of more active metabolism in the tissues will tend also to increase the natural fortifications of the involved tissues, increasing the activity of the macrophages.

Clinical experience has well demonstrated the efficiency of the hyperemia and stimulating effects of heat in effecting the local destruction of infection—a fact worthy of investigation and definite determination as to whether in the workings of the *vis medicatrix naturæ* the fever process is not a condition created for action unfavorable to the infecting microbes, by coincidentally favoring a positive chemotaxis or action tending to limit the disease. The remarkable effects derived from administrations of dry hot air in the destruction of local and general infection with the coincident falling of the body temperature to normal, would seem to indicate that the workings of nature's processes against infection are normally by raising the body temperature to assist the phagocytes to destroy the microbes by the induction of such increased body temperature—the fever. If so, it is evidently an error, except under conditions of extreme hyperpyrexia, to interfere with body temperature, and rather than employ cold baths, to institute the use of the body dry hot air or light baths to assist nature, in increasing the activity of the phagocytes.

The following observations made by the writer, with Drs. Grad and Munday, would seem to fortify this hypothesis. A patient *in extremis* from general septicemia, three weeks after a difficult surgical operation, with the characteristic feeble pulse, livid countenance, and a temperature of 105° F., was wrapped by the usual method in Turkish toweling and placed in a body hot air apparatus at a temperature of 300° to 350° F., and after thirty minutes removed with a full strong pulse, a marked hyperemia of the skin, and a mouth temperature of 103° F. Eight hours later the temperature was normal, and the patient convalescent in ten days. This extraordinary result could only be explained by (1) the induction of an active phagocytosis with a positive chemotaxis; (2) stimulation by heat of the deep spinal centers, particularly the cardiac and respiratory; and (3) the elimination of toxins and other bodies through the agency of the profuse perspiration induced by the high temperature.

The writer has invariably observed the rapid fall of temperature following the application of heat to areas of local infection as in suppurative tonsilitis as well also in cases in which the static current has been employed for the relief of early local infection.

The action of local dry heat on localized septic infection, when high temperatures are employed as in the case above described, has been uniformly successful in the writer's experience even in cases of extensive local infection involving the hand and arm and also in cases of gangrene, all tending to confirm the physiological effect of high temperature in relieving local as well as general infection.

In conditions of poor metabolism, arising from bodily inactivity, excesses in diet, and auto-intoxication, the effects of convective dry heat or the combination of radiant light and heat together with convective heat, as administered in inclosures with the high candle-power incandescent or arc lights, or better in the incandescent electric light bath, are remarkably efficient in promoting the elimination of waste products through the skin, and coincidentally by stimulation of the deep spinal centers, the effect of exposure of the surface to intense heat thereby inducing greater activity of the other channels of excretion and elimination. This fact is clinically well demonstrated by chemical analysis of the secretions and relief from conditions of auto-intoxication, nephritis, and gouty and rheumatic affections. It is an undoubted fact that from the effects of profuse perspiration, the sweat glands do eliminate nitrogenous, toxic, and other effete materials from the organism, which in nephritis is wonderfully effective in relieving the labor of the diseased kidneys, and remove the danger from other grave conditions.

The action of dry heat in the body apparatus upon the periphery induces a pronounced general hyperemia of the skin, and coincidentally stimulates the activity of the heart and respiratory centers. Together, however, with the profuse perspiration, the draft upon the general circulation of the hyperemia of the skin, offers the only danger from the administration by leaving too small amount of blood in the larger arteries. Such danger is obviated by keeping the patient in a recumbent position and administering frequent draughts of water during and following the administration.

The *indications* for the employment of convective heat suggested by the physiological effects upon the organism, comprise its application alone or in conjunction with radiant light and heat, the x-ray, or the static or high frequency currents, one or more of them, in the treatment of infectious inflammation, and in the early stage of traumatic or non-infected inflammation, when sometimes better means are not at hand. It is also a valuable factor in association with other measures applied with the body hot air apparatus or light bath for the relief of defective metabolism.

The therapeutics of convective moist and dry heat at the bedside and in many conditions in which other measures better adapted are not at hand, is very large and under these conditions is one of the most valuable means at command.

The local use of convective heat is indicated in all superficial inflammatory processes associated with the presence of pus; not in a perfunctory way by the casual application of a hot wet poultice, a hot water bag, or a thick layer of antiphlogistine to be left *in situ* for hours without the application of additional heat, but with strict observance of the temperatures employed and of the time necessary to meet the indication.

(*To be continued.*)



THE EFFICIENCY OF THE STATIC WAVE CURRENT IN THE TREATMENT OF SPASMODIC DYSMENORRHEA.

BY EDWARD C. TITUS, M. D., NEW YORK.

Probably there is no class of cases more unsatisfactory to treat by the general practitioner than Spasmodic Dysmenorrhea.

Without attempting to go into the details of the many methods employed, both medicinal and surgical, I will first endeavor to cite the opinions of some of the leading authorities as to the chief causes of this condition, giving their conclusions; and, based upon these and personal experience, the writer's method of relieving this most common and distressing disorder.

It is well known that, during menstruation, there are con-

stant rhythmical contractions of the uterus, which cause no suffering to the healthy woman.

In the neurotic and hysterical subject, though the uterus be normal, these same contractions may become so excessive as to give rise to severe pain, which is most marked if they assume the form of tetanic contractions of the sphincter at the os internum.

Uterine colic is not due, as is generally supposed, to the passage of clots, since in many typical cases only fluid blood escapes from the uterus.

It will be observed that the pain is most severe from twelve to twenty-four hours before the flow appears, instead of on the second or third day, when most clots are passed.

Doubtless the pre-menstrual engorgement of the normal endometrium, and the presence of blood as a foreign body within the uterus, are factors, as suggested by Fritsch.

Sufficient observations have been made to show the incorrect reasoning by which the surgeon infers that, because he finds a slightly deviated, but otherwise healthy, uterus, the dysmenorrhea is due to obstruction of the flow, and endometritis, and that curettement or some other operative measure is indicated.

The same objection holds good to the routine method of treatment in many cases of menorrhagia, in which the results of operation, as shown by its utter failure to relieve the symptoms, go to prove that the cause of the hemorrhage is beyond the reach of surgical procedures.

Many of us have met with obstinate cases of dysmenorrhea and menorrhagia in unmarried women, which, however, have resisted both medical and surgical treatment.

The accepted theory of persistent uterine contractions during the menstrual period may explain the menorrhagia met with in some flabby subjects with general muscular atony. In these cases it is reasonable to infer that the diminution or absence of the normal contractions prevents closure of the blood-vessels, with resultant interstitial changes, pain, and hemorrhage.

Such cases have been diagnosed as "Hemorrhagic Endometritis," and have been treated by so radical a procedure as hysterectomy.

Theilhaber, Menge, Ohlshausen, and others have demonstrated the fact that dysmenorrhea in the majority of cases is not due to disease of the uterus or ovaries, but to the exaggeration of a physiological state in neurotic women.

Dr. H. C. Coe, of New York, very forcefully expresses it when he says that "Surgeons have long been impressed with the fact that the operative treatment of dysmenorrhea is exceedingly unsatisfactory,—the results being either nil, or even injurious,—(in 95 per cent. of all cases operated upon)."

The various medicinal remedies which have from time to time been employed in treating this painful condition are too numerous to mention, and we must not forget the disastrous results of habituation in many cases with which we are familiar.

I think sufficient evidence has been adduced to show that the majority of cases of dysmenorrhea are the result of exaggerated physiological congestion of stasis, and that the symptoms can be classed as due to nerve pressure.

What more potent remedial agent have we for the relief of this congestive condition than the Static Wave Current, when properly applied?

As we now recognize it, the effect of this current is to produce deep, rhythmical, painless contractions through all the structures to which it is applied,—or so-called physiological tissue gymnastics,—even to the ultimate protoplasm, thereby inducing circulatory drainage and restoration to normal metabolism.

When the writer became familiar with the efficiency of the Static modalities for the relief of congestive conditions,—active and passive hyperemia or stasis,—he began the use of the Wave Current in the treatment of dysmenorrhea, first determining, by a careful examination per rectum, that no distinctive or extensive pathological condition was present.

The uniformly happy results in the treatment of some fifteen cases during the past two years bear evidence of the help the advanced therapist is able to offer this unfortunate class of cases.

My method of treatment is as follows:—

The patient is instructed that, before coming to the office, the bowels should be freely evacuated.

She is then placed in the Sims' position on the reclining (Static) chair, which rests on the regulation platform of the Static machine. This platform should stand about three feet from the machine, and be insulated by glass legs of not less than twelve inches in length.

A suitable metal rectal electrode is lubricated and passed into the rectum, following the curve of the sacrum, so as to

have it reach up, behind, and in close contact with the uterus. This can be done without pain or discomfort to the patient. The handle of the electrode may be held by the patient, if instructed, or the electrode may be maintained in proper contact with the internal parts by keeping the handle in position by means of an ordinary wooden tube holder in the arm of the stand which comes with every machine.

The electrode should be connected with the *positive* side of the machine, and the negative side grounded.

Before the machine is started, the terminal or sliding rods should be brought close together (about one-half inch).

After the current is started, the sliding rods should be slowly drawn apart (or the spark-gap increased) until a profound, but not painful, pulsatory sensation is felt by the patient.

At first a spark-gap of not more than two or three inches can be tolerated; but, on subsequent treatments it may be increased to from six to ten inches.

Each treatment should last twenty minutes, and be repeated daily, beginning immediately after menstruation, and continued through the inter-menstrual period.

If, after the first month, it should be necessary to continue treatment, the applications should be made on alternate days.

I have found, in treating these cases, that in frail, delicate women the current from an eight-plate Influence-Wimshurst-Machine was sufficient; while, in more robust and stout patients, the output from a twelve or sixteen revolving-plate-machine was more efficient.

127 West 11th Street.



MILLSPAUGH'S "MEDICINAL PLANTS."

We recently had the pleasure of receiving from our "old" friends, Boericke & Tafel, of Philadelphia, at our request, a copy of C. F. Millspaugh's "Medicinal Plants," a large book, with colored plates done by the distinguished author, and printed in Germany. The book is out of print. Its appearance in our parish house recently turned back the wheels of time two decades and more, and catapulted us into a period of life when we were emerging from the homeopathic swaddling clothes, trying to grow a beard, wear large horn spectacles, and cultivate a bald spot no larger than a silver dollar.

It was at this time, as we first took up medical editorship, that we received a concluding few of the unbound numbers of Millspaugh's "Plants," our various predecessor-editors having received the others—and neither of us inclined to give to the other so that one of us would have a completed copy. The selfishness of some people is phenomenal! And to think of all that has happened in this time! Our baldness refused to grow, the beard came, grew to piratical lengths, was later sacrificed to the Moloch of Fashion, the horn spectacles have grown to be absolute necessities, first as fashionable pince-nez-es, then as "specs." How many of the good men of that early period have fallen in the good fight, and how few of the Giants remain! Millspaugh's book was a novelty, and seemingly, judged by its fate, not practical enough for the then fast on-coming practical trend in the homeopathic profession. The materia medica man might admire the pretty pictures of plants, and, if he lived in the country, amuse himself in picking out the flora most concerned in his daily work. But with the advent of homeopathic pharmacies, replete with the remedies, ready to hand, in every potency and dilution, the need to know the plant, tree, mineral, or animal from which that remedy was procured was no longer apparent; and so the colleges gradually bore less and less heavily upon the botanical knowledge, and more and more upon the practical bedside and clinical knowledge of the remedies. The book was a handsome one; we have not inquired, but fancy, from its disappearance, that it was not among the "Six Best Sellers"; and that if the enthusiastic, artistic author came out of the venture with a whole skin and safe, he did well. It was a veritable gold mine for the old-fashioned student of the homeopathic materia medica, and especially for the teacher; but to-day we question if it could have any special sale among homeopathic practitioners; certainly not to the second-growth homeopaths, who have everything at hand for engaging in professional work. Boericke & Tafel have become famous for the making and uttering of many homeopathic text-books, but they never issued one that could surpass in beauty of picture, richness, and directness of botanical and pharmaceutical knowledge the "Medicinal Plants" of Dr. Charles F. Millspaugh.

NEW, OLD AND FORGOTTEN REMEDIES.

In a desperate hunt to run down some very pronounced spastic paraplegia symptoms in the quite recent past, Dr. Dewey suggested a consultation of Anshutz's "New, Old and Forgotten Remedies," which being done, resulted in the finding of Lathyrus—one of the remedies we were specially interested in—with its limited wealth of symptoms and its suggestive therapeutics. Other remedies, equally as little known as Lathyrus, were found in this quaint-titled book, and perused with corresponding satisfaction. Our good friend Anshutz has, out of the largeness of his experience as a medical book-maker and editor for the B. & T. firm, collected a series of remedies, not necessarily on homeopathic lines, for many of them are "lifted" out of eclectic and old school literature, but remedies that have had a passing vogue in some one's personal experience, and of others that are lying at the threshold of Homeopathy awaiting their turn to be lifted into the healing pool—professional recognition. Homeopathy, under the fatal misguidance of a few head-hunters (symptomatomologists), has unhappily been filled—its materia medica textbooks have been—with so many, many unproven or unsatisfactorily proven remedies, that the intending student is repelled by the enormity of the task of carrying all this vast array of materia medica knowledge with him, in addition to all the othersome many branches of medicine, which the modern medical course now exacts, and has given the allopath a convenient argument against us. The student does not know that very many of these, for instance, that appear in Hering's Unabridged, are not thoroughly proven, and never will be; that many, very many thereof are breech-born, as Hering said of the Tissue Remedies; but even a breech-born, living child is better than a head-born, dead child. Neither does the intending student, no, not even he who has sat out his four years of apprenticeship under a papyrus-reading materia medica professor, know that homeopathic practice divides itself sharply into the treatment of Acute Diseases on the one hand, and Chronic Diseases on the other. That under the former division, the Acutes, the ordinary homeopathic college gives the student much that will be of value to him in his later professional career; but as to

the *Chronics*, there are at this day but few homeopathic colleges properly manned with professors rightly caparisoned to lead and to teach. It is matter of homeopathic history that it was Hahnemann himself who introduced this scission into the practice. Until he made his later, indeed, his latest discovery that all Chronic Diseases had a common root, which was rejected by most of his followers in that earlier day, the practice of homeopathy was an agreeable, rational and easily explicable mode of medication. Out of this split there ultimately grew the extreme high-potentists, and these in their turn filled the *materia medica* books with this embarrassment of riches. If these unproven remedies were properly taught and their limitations explained, they would find an early and possibly favorable adoption. On the other hand, a great number of unproven remedies have crept into the *materia medica* through E. M. Hale and his extensive researches and studies, mainly from eclectic and empirical sources. It is evident enough from what Hahnemann is reported to have said about high potencies, "this thing must stop somewhere," that he would not as he could not, rationally, have countenanced the introduction of these hundreds of alleged remedies when they had not conformed to the very first rule of homeopathy, namely, to be well-proven; and, therefore, had no place in homeopathy. Still they have been so injected to the confusion of the school, and in the absence of proper teaching there anent the same, are visible and permanent stumbling blocks to the after-coming homeopaths.

Anshutz has, however, selected his Remedies from those best proven—even if breech-born—especially where, as in the case particularly of *Lathyrus*, the symptoms educed, and proven curative in even a few cases, give large promise and hope that the finer homeopathic symptoms may also, sooner or later, be made a part of this remedy, and of others. As Dunham said, relative to the alleged vast array of symptoms of *Lachesis*: what does it matter if in the eleven hundred and plus accredited symptoms there be but ten that have been repeatedly verified and proven pure gold, and usable—what does it matter how many others there are that are not yet as available; shall we throw out the ten and let the patient in whom these ten are indubitably indicated perish because we believe there are eleven hundred minus ten symptoms that are ridiculous! If *Lathyrus* can, on the symptoms printed by Anshutz, cure, or sensibly

ameliorate the symptoms in but one case of spastic paraplegia, is not that sufficient warrant in a universally believed incurable condition for its almost empirical use? And so with the Gila monster, and others. To be sure this is not practicing according to the strict letter of the Law of Similars—because the means employed are not so thoroughly proven as *pulsatilla*, *nux*, et id omne genus. And there is danger that the user of such means may tumble into a specific practice—*Lathyrus* for paraplegia skookum chuck for something else, and so on; or that the Repertorial Yard Stick prescriber may teach the non-study of the materia medica—as we heard one former member of the I. H. A. recommend—and depend wholly upon his rule rule o' thumb for curing people.

Anshutz's book is really an unexplored gold mine—with here and there an outcropping of the precious metal contained within. The book ought to have a greater vogue, because "in its midst" the patient, plodding student may find the breech-born remedy for some of his most peace-destroying ailments. If, however, the treatment of Chronic and Incurable Diseases was made part of the homeopathic college curriculum, then the key would be readily found for the use of these book-filling medicines, which no one in the Acute, everyday practice ever locks at.



THE UNANIMOUS CLUB.

The Unanimous Club had a round-up on February 26 last at the Hotel Manhattan, New York, with sixty participants in the frolicsome festivities. Dr. Eugene H. Porter, Health Commissioner of New York, a sometime alleged general practitioner, was toastmaster, which is sufficient belief for believing that the function was royal in its heat, flavor and completeness. We have just seen a list of those who were present in pursuance of the mandatory *steldichein* which each member had received. Unfortunately February is an awkward time for doctors to get far away from their bailiwicks and parishes, so that the meetings, except on rare occasions, partake mostly of the local flavor. But Swampy was there! Let's see, in the far off olden time, when writing up the Institute write-up, we used to say frequently: "but Dowling was there!" and that always meant that the meeting had been a success. So with Swampy.

One of the unusually appropriate and pretty features of the meeting was the singing of a new song, to the stirring war-time chune of "Maryland, My Maryland." Here it is :

Fill up your glasses! Drink this toast!

Unanimous. Unanimous.

Good fellowship shall be our boast.

Unanimous. Unanimous.

Fraternal offerings here we bring,

Similia's banner always fling;

And as we come will always sing:

Unanimous. Unanimous.

Those present upon the auspicious occasion, as we intimated before, were mainly from nearby, outlying parts of New York, as one might say, like Boston, Atlantic City and Washington. Here is the list: C. L. Bagg; W. H. Bishop; Book G. Carleton; J. Bonhommie Garrison; C. H. Helfrich; Wm. Tod Helmuth, Second; C. B. Holmes; J. Lester Keep; C. S. Macy; Always Beaming Norton; L. A. Opdyke; Hurrah De Skenk; Geo. T. Stewart; Irving Townsend, the religious mystic; E. G. Tuttle, most recently Secretary of the New York Homeopathic Medical College and Hospital, who was not "ousted," but resigned; W. B. Winchell, and the pooh-bah, Alton G. Warner. Of the Associate Members there were J. T. Ackerman, A. W. Baily*, who, like the famous Susannah Crowsoft, has a splendid form; J. L. Coffin—a somewhat gruesome appellation for so good a doctor; Ebullient B. Hooker, like Den Thompson, from 'way daown East; Wm. R. King—an Institute President in posse—nothing to do with the sheriff's posse; Geo. B. Rice and "Clancey" Richardson, from out Boston Back Bay way; L. B. Swormstedt, who has gotten bravely over his Jimtown ptomainiacal poisoning; C. F. Goodell, and the perennially happy, apple-cheeked and bright-eyed J. Monument McClelland. And of those who had to do time, as guests, there were Messrs. Piercing, Alcroft, Ward, Wilkie, Cary, O'Brien, Fleming, Hon. R. W. Hebbard, Judge W. B. Green, Drs. Bellows, Adams, Dickinson, Davis, Given, Lazarus, Iler, Ritch, Rabe, the Roberts boys, T. Friendly Smith, Reynolds, Sleght, with the funny pre-names; Vanden Berg, who 'will some day know us personally; Wakely, Trotter, Jessup and Keith.

When this club meets in Kansas City—and it always meets

during the Institute week—may we meet each of these royster-
ing brethren in good health and happy. So say we all of us.



A CASH BALANCE HOSPITAL.

The Huron Road Hospital of Cleveland, sometimes called the Homeopathic Hospital, is having a little unpaid-for, and, possibly, undesired advertisement through the nurses, the local profession, and the daily press. First, the nurses went out on a strike—almost all of them—because the head nurse was removed, or, under disagreeable pressure, had removed herself. The allied cause for this strike was the alleged exceedingly unsatisfactory management of the hospital by its present superintendent: the nurses said they were ill fed, poorly housed, given many extra hours and extra tasks without adequate remuneration; were “docked” for any little infraction of unpublished and inaccessible rules, and breakage of dishes; and other minor matters too petty to give printroom; while the patients, they alleged, were not properly fed, bedded nor cared for by reason of scarcity of nurses. Then the local Homeopathic Society took a hand and after a well-attended but stormy session, passed almost unanimously a resolution calling upon the Chamber of Commerce to investigate the conduct and condition of this hospital. The press, of course, had its usual gory innings, selecting choice, lurid morsels and dwelling upon them for the delicate delectation of its readers. One of the chiefest charges against the superintendent and the management was—*mirabile dictu*!—that the hospital was being run to make money, and not for the good of the patients! The nurses were, eventually, all taken back, save and except the head nurse, the head and front of the strike and break, who, however, stated that she could not again serve under this superintendent. The Chamber of Commerce has not yet, at this writing, undertaken any investigation, though it has declared its willingness so to do. The Hospital authorities, after endeavoring to close the incident with a contemptuous, the public be d—d wave of the hand, reconsidered their indifference and found it expedient to give some show of heed to the clamor of the homeopathic profession, and so now they have

agreed to make an investigation of themselves by themselves!
Voilà tout

This Hospital, so far as the homeopathic profession is concerned, has not for years enjoyed its full confidence or loyalty. Very few of the profession who have had one series of dealings with the present management, have a good word to throw at the institution. The student-body, as a body, have no use for this avowed money-making institution. Very few, indeed, of the college-appointed internes—for this Hospital is adjacent to and made use of, for a gentle silvern consideration, by the Cleveland Homeopathic Medical College—very few of the internes have been able to serve out their indicated time. One physician after the other, on one pretext or another, has been crowded off the staff and replaced by others presumably more pliable, and more in sympathy with the administration of the superintendent.

It is truly deplorable, this condition of affairs. It is the only Cleveland hospital ostensibly homeopathic; yet a great many of the homeopathic profession are arrayed against it, while some of the best surgeons are sending their operative work to the other hospitals of the city. Complaints have been repeatedly preferred, said Dr. Baxter, against the policy and management in vogue, but as repeatedly have these been ignored and the old and objected-to policy continued, made possibly a little more so. The spell which this much anathematized superintendent has cast over the Trustees is an annual cash balance in favor of the hospital! While in pretty nearly every other hospital the end of the fiscal year finds a comfortable deficit, promptly made up by some charitably-inclined philanthropist. It is even alleged that the Trustees and chief patrons of this institution, when they themselves fall ill, do not patronize this hospital for themselves or their dear ones, but go elsewhere. In view of all this it would be difficult to understand the exact purpose and plan of this soi-disant Homeopathic Hospital on Huron Road, except, as charged, to put money in its purse—honestly and homeopathically if possible, but to put it there.

We are not at all sanguine that the Chamber of Commerce will do anything in the matter. Unhappily, so far, the warfare is mostly in the newspapers and in green-stamped circulars. There are many reasons for this, one and chief being this won-

derful glamour which a cash balance is able to cast over the hospital authorities proper. Another, the loose knitting together of the local profession. And, finally, it is somehow looked upon more as a college fight than a general uprising of the homeopathic profession. But we shall see.



RE ICE WATER.

The Tribune gives the following recipe for preserving ice in a pitcher of water: "Fill the pitcher with ice and water and set it on the center of a piece of paper, then gather the paper up together at the top and place the ends tightly together, placing a strong rubber band around the coil to hold it close, so as to exclude the air. A pitcher of ice water treated in this manner has been known to stand over night with scarcely a perceptible melting of the ice."

We clip this from Dewey's Century because we are consumed with wonder why anyone should want a pitcher of ice water to "stand over night with scarcely a perceptible melting of the ice." What is a pitcher of ice water for during the ad interim, anyhow? A table ornament, possibly? How much easier, the morning following a Unanimous round-up, to simply press the button, and get a fresh pitcher of ice water, one that had not stood all night on a sheet of paper gathered together and held over the top with a rubber band—filled with streptococusses and other baleful insects habiting the circumambient air all around. Here's where Eugene Field's classic poem would come in pat and plenty, if we could remember it—about the thirstful joy of hearing the chink and the clinkety-clink of the clinking ice in the bellboy's pitcher, coming down the hall, at five o'clock in the morning. But no all-night, canned ice water in ours, thank 'oo!



SPECIAL ANNOUNCEMENT.

Arrangements are now practically completed for the Fifty-third annual meeting of the Illinois Homeopathic Medical Association, to be held at Chicago May 12th, 13th, 14th and 15th, 1908. The first three days will be at the Sherman House,

which is to be association headquarters and where a special rate is offered to visiting members and their families. The first two days will be the Illinois Association alone and the last two will be a joint meeting with the Wisconsin Society, which will come to Chicago after a two days' meeting in Milwaukee. On the evening of the second day there will be a surgical clinic at Cook County Hospital, given by the homeopathic members of the staff. A special feature of the second day will be an address by the director of the Child Study department of the Chicago public schools.

On the third day the bureaux of *Materia Medica* and *Clinical Medicine* of the Wisconsin and Illinois societies will present a joint report; and Dr. Royal S. Copeland, President of the American Institute, will speak on *The Relation of Homeopathy to the "New Thought" in Medicine*. In the evening there will be a public meeting in Handel Hall, where Dr. Copeland will deliver an address entitled, *What is Homeopathy?* The entire fourth day will be spent at Hahnemann Medical College and Hospital, where the members of both societies are invited to clinics in every department, and luncheon will be served by the college.

Arrangements have been made with the Garrick Theatre whereby members can procure tickets at one-third less than the regular rate for any performance during the week. This theatre is only a few doors from our headquarters. More detailed information can be procured by addressing the secretary, Burton Haseltine, M. D., 100 State Street, Chicago.

Book Reviews.

WHAT TO DO FOR THE STOMACH. By G. E. DIENST, M.D., Hering College, Chicago.

As we intimated in a recent Book Review notice concerning the other book by this same author, this series is of a class to be of great service to the honestly seeking homeopath. It takes the stomach; and reviews and refers to all possible symptoms usually ascribed to that viscus, calling careful attention to allied conditions and symptoms; so that the young practitioner, or the student, cannot go very far astray, wandering along the path of belief that he can cure his patient by administering to a few of his stomach symptoms. Prof. Dienst no-

where suggests or permits the thought that anything short of the totality can be used in the cure of the patient. His What to Do's must be taken in the sense of finger posts—pointing the way. Boericke & Tafel print and publish this book, and it forms another of their incomparable list of homeopathic classics.

Globules.

—"Sun Shine" Smythe, M. D., of Denver, has his picture in the current Progress, with a short, highly flattering but well-written biography. We are very proud to be counted among this genial gentleman's friends and admirers. While we were his guests, ourself and daughter, some years ago, we saw much of him and his pleasant ways, and, above all—to speak professionally—his fine homeopathic prescribing. He has a fine suite of offices in the Majestic Building, in a splendid part of this Queen City of the West. You who knew former President Benjamin Harrison will have no difficulty in tracing a speaking likeness between the Progress portrait of dear old "Sun Shine" and the late President Harrison.

—It is to be regretted that the I. H. A. people cannot see their way to meeting with the Institute at Kansas City. We understand that they will hold their sessions in Chicago. Our good friend Dr. R. F. Rabe, of New York, is its 1908 president.

—The Homeopathic O. O. & L. Society has decided to meet with the Institute in Kansas City and at the New Coates House.

—And speaking about resemblances, did it ever occur to you how much our own H. C. Allen looks like the late Lord Kelvin—this wonderful wizard in electricity, who, though a learned professor, with all the quips and ridicule which such reference usually implies, was yet practical enough to lay by a tidy fortune from his many inventions.

—The Secretary of the Institute, after many unavoidable hindrances, panic and strikes, began distributing the 1907 Transactions on January 20th.

—If the several homeopathic colleges will notify Dr. Kraft, secretary, how many students they have in their four classes, he will gladly and gratuitously send each such student the reprints ordered by the American Institute of Homeopathy at Norfolk, Va. These reprints are fine specimens of medical lore, and as their titles imply, touch closely the very latest, most advanced and best in medicine. They are: A Symposium of Immunity (having reference to the Opsonic Index and con-

sisting of three fine papers presented by Drs. Watters, Laidlaw and Stevens in Dr. Hudson D. Bishop's Bureau of Clinical Medicine); Homeopathy, What It Has Done for Humanity (the special address by former President Dr. John Preston Sutherland); and The Facts About Variolinum, by Dr. Chas. Woodhull Eaton (which was a specially prepared report on this troublesome topic for the Bureau of Sanitary Science).

—The Augusta, Ga., papers are very much pleased with the visit of Mr. Rockefeller and Dr. Biggar to their Georgia Medical College. Dr. Biggar addressed the class, some hundred in number, and was most cordially received, attentively listened to, and at its close given quite an ovation. He was invited to lecture to them and later operate in the Lamar Hospital. This college and others in the South have given the medical world some truly great physicians and famous surgeons, which gave our distinguished townsman an excellent opportunity for expatiating upon the indebtedness of the profession generally to the Southern physicians.

—Dr. G. M. McBean, one of the editors of *The Clinique*, has a timely and well written editorial leader in his February issue entitled *The Institute's Change of Heart*. Dr. McBean says—and we agree with him fully—"the Institute's acceptance of the (Oklahoma) invitation was ill advised, to say the least, after the Jamestown fiasco; it was a reverse decision in the matter of sectional rights versus national rights, which was decided some time ago." This is a very admirable presentment of the case and (with no animadversion, in special, on the Oklahoman brethren) one worthy of further study and exploitation. All through his excellent article Dr. McBean reviews the situation with a master hand, and if it does not result in making the Institute membership a little more careful in its manner of sending the Institute to distant points, particularly when those distant points are both primitive and almost inaccessible to the great majority of the profession, then we miss our guess. We hope other of our exchange brethren will take up this question, for it is a large and very luminous one, and educate their readers to a proper understanding of the situation.

—Dr. Geo. M. Gould's contribution to the January No. of *The Journal of Clinical Medicine*, is one of those witty, gritty, incisive papers anent the humbuggery and hypocrisy of the Specialists in Medicine, which the plain everyday General Practitioner will read with interest and amusement.

—It was with a feeling of pride and gentle emotion that we read the several postcards sent us, congratulating our January effort in recalling our early childhood days back in Indiana. The Reminiscences were written some months ago, and fully

portrayed the difficulty we had with the younger members of our family in endeavoring to explain the ways and doings of war-time Indiana. We might have added a paragraph descriptive of our impression when one young man after the other went to the neighboring county-seat unthanking, and yet returned an enlisted soldier. Also that at the tender age of twelve we beat the "tanner" drum of the village band—fife, big drum and "tanner"—and when the fife and drum enlisted we blubbered and wanted to go too! Indeed, we ran away, and walked several miles towards Indianapolis, where the boys of our County were encamped, before we were caught and brought back home. Then later, some of these soldier boys were brought back from the front—and there was weeping and wailing and deep sorrow in many homes.

—Dr. H. F. Biggar, thanks to the skill, industry and ambition of his son is now able to take frequent vacations even in surgical "hay"-time which in the earlier years of his career he was not always able to do, without making serious inroads in his practice. Latterly he has been golfing in Augusta, Georgia, with Mr. Rockefeller, and, from all accounts, the somewhat Assiniboian brand of weather we have been having since New Year's day had not reached this notable twain "way down South in Dixie."

—The Secretary of the American Institute of Homeopathy desires to call the attention of the various chairmen and members of Bureaus, and as well also, of the Presidents and their Secretaries of the Affiliated and Allied Societies, to the necessity of getting busy with their several programs, in order that the Official Announcement may find its way into the membership mail at the earliest possible moment. There is every reason for believing that the 1908 meet and round-up of the Institute will be a rousing success; and every Institute member is bidden to do his utmost for the Cause of Homeopathy.

—De Witt G. Wilcox, M. D., "got busy" in his usual effective but always humorous fashion, at the banquet tendered by the Kings Co. Homeopathic Med. Soc. to the N. Y. State Homeopathic Med. Soc. in Brooklyn, September 26, 1907 "The Future of Homeopathy" was given him as a toast, and well did he acquit him of his delightful task. His able efforts lie before the profession in a neatly arranged reprint.

—Seeing the name Howard Lilienthal as an attendant of the Mt. Sinai Hospital caused a feeling of sorrow and regret that the homeopathic branch of this illustrious family had so soon died out. There was dear old Samuel Lilienthal who went California-ward for his congé and was shortly followed by his still youthful son. And so far as we know that broke the line. They were, both of them, staunch homeopaths; the elder had lived his Scriptural three-score-and-ten and by reason of

strength and vitality some additional years, but his son had hardly touched the more vital period of his own life before he, too, was touched by Azraël and—took his place with the other six thousand years which had preceded him into the unfathomable eternity.

—The Sanatorium Treatment of Mental and Nervous Diseases is a reprint from the N. E. Med. Gazette, and the author, Dana F. Downing, M. D., is assistant physician in the Newton Nervine. We might perhaps be pardoned for adding that this Nervine isn't anything to drink or inhale or rub on—which is the usual thing in nervines—but it has reference to Emmons Paine's excellent Sanatorium in West Newton, Mass., which consists of separate dwelling houses of the very latest style and architecture, and doesn't look any more like a hospital than a blue-eyed cat looks like a pink-eared elephant. Did you ever examine the advertisements of the Paine Sanatorium—not in this Journal, for he doesn't adv. with us—and note how artistically the roadways and pathways are cut into and out of the landscape and local atmosphere. It's a good Nervine, however, and Emmons Paine is its prophet. Dr. Downing (whom we had almost forgotten) writes an interesting paper and the N. E. Med. Gaz., as always, has made a pretty bit of printer work of it.

—Dr. W. J. Gates, of Kansas City, Kansas, is the Chairman of Local Committee of Arrangements at Kansas City, Mo., for the Institute. From most recent advices we are of the opinion that there is something doin' out in Kansas City, looking towards the proper and doubly-enthusiastic reception and entertainment of our beloved Institute.

—One of the pleasant features to contemplate of the late "onpleasantness" is the splendid way in which Joseph Hensley of Oklahoma takes the action of the Executive Committee in cutting the ground from under him. We have seen a number of letters written by him to members who were deeply interested in going to Oklahoma, and in no one of them is there a line breathing soreness or revenge; but on the contrary he recommends the fullest and purest loyalty to the Institute. Truly, Joseph is a good sport. He plays the game fair and according to the rules. He knows how to lose, cheerfully; and if there isn't something good and nice and proper said to or done for him at Kansas City then—well, then, we miss our guess.

—That "old" wheel-horse homeopath and general good fellow, Wm. Foster Davis of Kansas City, Mo., has been given a prominent and responsible place on the Local Committee of Arrangements. Our honored President, Dr. Copeland, has also placed him in the Transportation Committee.

—President R. S. Copeland, M. D., pays his respects to one Dr. Henry Beates, Jr., who had something disagreeable, drastic and detruthful to say concerning Homeopathy in the November number of the "Monthly Cyclopedia of Practical Medicine." President Copeland presented his answer to Dr. Beates' paper—"The Elimination of Sectarian Dogma from Scientific Medicine"—before the N. W. Ohio Homeopathic Society, at Toledo, O., December 10, last. From the reprint, which is taken from the Medical Century, we gather that Dr. Beates has received a Royal Copeland for his Oliver, and one he will not soon forget. There are only two other men—to our present knowledge—who can so happily and yet withal so sharply take the wind out of an allopathic opponent as Copeland, and these two are de witty Wilcox, and the Institute's later poic lariat, Walton of Cincinnati—by-der-Rhine. Those who did not hear the original paper, or see it in the Century, will do well to get a copy of the reprint, and enjoy this passage at arms between the windmill and the wind.

—A bright little smart little bit of blue, entitled, "Hering College Homeopathic Happenings" falls athwart our editorial yellow and wakes us from our apathetic contemplation of some of the "heavies" of the regular homeopathic press. In the size of The Philistine the class of naughty-ate makes a splendid essay of some half hundred pages, filled with witty clippings, appropriately interspersed with hahnemannian cures, and gentle "roasts" of some of the proffs who are evidently not popular. It is a distinct innovation and deserving of commendation, principally because it lacks the uual horse-play witticisms of the average college publication, and, secondly, because it is clean, wholesome and homeopathic. Do it again and then some.

—We learn of the death of Dr. Charles Woodhull Eaton of Des Moines, Iowa, who having had typho-malarial and on the 22d day in a fair way to recovery suddenly developed pneumonia and died in 24 hours. Dr. Eaton was the famous author of Facts About Variolinum presented to the Institute at the Jamestown Exposition meeting, and his excellent paper, ordered in reprint, was making considerable headway among homeopaths everywhere. Dr. Eaton had measurably withdrawn from active practice and given his best energies and time to a life insurance company of his city of which he was medical director. Dr. Eaton had an unusually bright and logical mind, and his famous paper, while not accepted by all homeopaths, was a fine product and carried conviction wherever carefully considered.

—We have also heard of the death of Dr. O. D. Childs of Akron, Ohio, and Dr. Matilda J. Lyons of Cadiz, O. Dr. Childs was a good homeopath, a fine prescriber, and yet another

of the rapidly decreasing Old Guard Homeopaths. Dr. Lyons had been a member of the Institute since 1899. Dr. Childs was not a member.

—On or about May first, Dr. Homer V. Halbert, of Chicago, will remove to the Marshall Field Building, 31 Washington Street. Better quarters and more room are the reasons.

—My, but the rotund and orotund Arndt, 'way out there in the Golden West—San Francisco—seems to be feeling unusually jolly. His recent number of the Pacific Coast Journal of Homeopathy is filled from cover to cover with clever papers, cleverly arranged and presented, and an unusually clever Editorial Chat—where, in the latter department, the reading world gets close to the heart of his serene majesty. He dethrones McConky from the Health Board with a Podsnappian wave of his quill, and enthrones Manning on that same board and gives him several other public places, all with equal placidity, urbanity and despatch. It reads almost like the old French Revolution cry, "le roi est mort, vive le roi!" But both these lads—Mc and Guy—are well laden with important tasks by the great Institute, and Kansas City will be pleased when these twain present the usufruct of their labors. Wonder if the above-said, afore-said rotund and orotund—the commakilling editor—Sir?—will be in our midst at Kansas City? What say you, Hugo? Will the lure of the Golden West let you come?

—Grandfather Biggar—what say?—don't like it that way—well, then, god-father Dr. Biggar, before his recent visit and sojourn at Augusta, Ga., with Mr. Rockefeller and his party, attended the church christening of his little grandson Benjamin D. Gilbert, son of our good "old" friend Sue Racy Biggar as was, and Mrs. Gilbert as is. This interesting ceremony took place at Holland Patent, 12 miles from Utica, and was very beautiful and impressive.

—The New Coates House at Kansas City, Mo., has been selected by the Local Committee of Arrangements of the Institute as the official headquarters where the business and politics of the A. I. H., especially the latter, will presumably be attended to. The "old" Coates House holds a grateful place in our youthful memory, for we are from Missouri since manhood, as a hostelry as famous in the West as the now dismantling Fifth Avenue Hotel of New York used to be. Latterly the Coates House has been remodeled, refurnished, added to and taken from, made absolutely fire-proof, until now it is up-to-date and the equal of any hotel east or west. It is situated on one of the highest points in Kansas City commanding not only the finest view of the city and surrounding country, but as well commandeering all the cool

breezes which will be so delightful in June days and particularly June nights. The public meetings and dance will be held and given in the Casino, adjoining. The O., O. & L. Society has gracefully concluded to mess with their humbler and less fortunate because unspecialist brethren of the Institute; so that the whole Institute will be under one roof-tree and ridge-pole. Considering how many conventions are booked for Kansas City at, before, and about the Institute week, we would suggest that a prompt application for rooms will be a wise performance, which Manager Firey will give attention to. (Postal cards "go" in Kansas City, if you haven't time to send a tinted, perfumed, heraldic engraved letter sheet prepared by the usual chemical lady who presides over your intelligence bureau.)

—Quite naturally the railroads, all of them good, are engaging in competitive strife for the Institute patronage. Special cars are talked of from points in the East, especially the near-by little outlying towns of Buffalo and Pittsburgh—Pittsburgh with the "h" as you notice. From Chicago to Kansas City the Chicago, Milwaukee and St. Paul Railway is ready to furnish special facilities to Kansas City not surpassed by any of its friendly competitors. The service of that road is acclaimed to be of the finest, the time made is good, and the comfort and convenience most excellent. No element of modern, up-to-date railway progress is lacking. We and our retinue, and as many more as we can influence from and near our parish practice, will patronize the always-good Chicago, Milwaukee and St. Paul.

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To prove this prescribe two tablets, with water, before meals for peptic indigestion, and two tablets, with water, two hours after meals for intestinal indigestion. Specify an original package of one hundred tablets. This will convince you that Papāyans Bell will remove indigestion.

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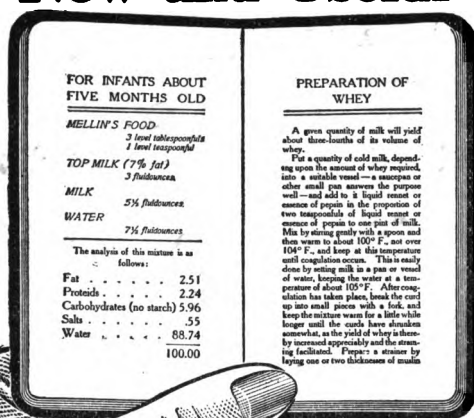
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TOP MILK (7% fat)
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The analysis of this mixture is as follows:

Fat	2.51
Proteins	2.24
Carbohydrates (no starch)	5.96
Salts	.55
Water	88.74
	100.00

PREPARATION OF WHEY

A given quantity of milk will yield about three-fourths of its volume of whey.

For a quantity of cold milk, depending upon the amount of whey required, into a suitable vessel—a sterilized or other small jar answers the purpose well—and add to it a liquid extract or essence of papain in the proportion of two teaspoonfuls of liquid extract or essence of papain to one pint of milk. Mix by stirring gently with a spoon and then warm to about 100° F., not over 104° F., and keep at this temperature until coagulation occurs. This is easily done by setting milk in a pan or vessel of water, keeping the water at a temperature of about 105° F. After coagulation has taken place, break the curd up into small pieces with a fork, and keep the mixture warm for a little while longer until the curd have dissolved somewhat, so the yield of whey is thereby increased appreciably and the straining facilitated. Prepare a strainer by laying one or two thicknesses of muslin

We have just issued a new Booklet for physicians' use entitled "Formulas for Infant Feeding."

In it are given a number of formulas for modifying milk to suit the varying requirements of infant feeding from birth to six months of age and older. The analysis for each formula is given; also short chapters on How to Prepare Top Milks of Different Fat Percentages from Whole Milks of Different Fat Percentages; How to Prepare Whey; etc., etc.

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LISTERINE

The original antiseptic compound

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CURES ACNE, PIMPLES, BLACKHEADS.
REMOVES SUNBURN AND FRECKLES.
ACNE TABLETS No. 49 should be used internally.
 Satisfaction Guaranteed from this treatment in the above diseases.

Formula: Zinc Sozo-Iodolate, Zinc Oxide, Resorein-Eucalyptol, Ethyl Carbanilate, Oil Pinus Pumillo, Gallanol, Oil Rose, and Lanoline.
 Samples for clinical test on application.

A Digestive Agent composed of Pepsin, Papain, Pancreatin, Diastase, Nux Vomica, Bismuth Subgallate, Willow Charcoal and Lactic and Hydrochloric Acids. Recommended in all cases of Indigestion of a stubborn, intractable, unyielding character, particularly these unaffected by the administration of other remedies.



5 GRAIN TABLETS
 Samples for clinical test sent upon application.



FORMULA.—Oil Betula, Russian; Potassium Seseleodolate; Zinc Oxide, C. P.; Mercury Naphtholate; Ichthylol; Gallanol. This remedy has achieved remarkable results in the treatment of various itching, Scaly and Eruptive Skin Diseases. Sample for trial submitted upon application.

FORMULA.—Irisin, 1-3 grains; Podophyllin, 1-3 grains; Ext. Chionanthus, 1-3 grains; Ext. Belladonna, 1-3 grains; Strychnia, 1-100 grains; Cascara, 1-4 grains; Oleoresin Capsicum, 1-120 grains.

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Do not gripe, distress, or nauseate. One pill is usually sufficient for laxative effect. Catharsis results from increased dosage. Their continued use is productive of curative results in acute and chronic constipation of various form particularly those dependent on bilious derangement. Samples mailed free upon application.

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MEDICAL PROGRESS

CLAY IN SURGERY.*

BY JOHN AIKMAN, M. D., GLASGOW,

Colonel and Principal Medical Officer, Royal Guernsey Militia.

At the outset of the antiseptic system I had the privilege of being a dresser to Lord Lister. Carbolic acid was at that time (1866-67) very impure and did not dissolve readily in water; some of its impurities remained undiluted and had a caustic action on the skin. It occurred to Lord Lister to make a more complete solution in linseed oil, but this was found inconvenient for use. An endeavor was then made to incorporate the carbolic oil with whiting in the form of putty, and some very good results were obtained from the putty, especially in cases of compound fractures and contused wounds. The results in psoas abscess were less favorable. The oily solutions had a strength of 1 in 4, 1 in 7, 1 in 10, 1 in 20, and 1 in 40. In January, 1868, the present writer pointed out that the amount of carbolic acid in the putty (which required 5 or 6 parts of whiting for each part of oil) was far below the standard recognized as a reliable antiseptic, and that some other explanation of its authenticated results in compound fracture must be forthcoming. Lord Lister took the suggestion to avizandum and abandoned the putty. The shellac dressing followed, but its principles are outside the immediate subject. Of recent years, by the use of gauze covered by various wools, aseptic and antiseptic, there has been a return to the quietude which the putty secured. The fact is that the putty, or the gauze and wool dressing, secure the rest of the parts and favor the tissues in their struggle to overcome septic invasions when the injured parts can be controlled and kept free from movement by the splint-like action of the dressing. That condition is not present in the case of psoas abscess. Once more it was noticed that the putty became wet, while the skin remained greasy from an exudation of the antiseptic oil from the putty, and the oil held the antiseptic firmly.

Reviewing these observations from the standpoint of the uses of antiphlogistine, and comparing them with some considerable experience of this preparation, I would place in the first rank its use in keeping at rest, and free from infection from the skin, breasts which it is desirable to rid of milk. Put the

The United States Pharmacopœia has officially recognized clay in the form of a poultice, and general practitioners in Great Britain are using Antiphlogistine as an external application to inflammations unattended by breach of surface. We believe, therefore, the following interesting contribution from Dr. Aikman must prove of practical value in many ways.—*Ed. The Hospital.*

MEDICAL PROGRESS.

antiphlogistine on thick, and cover with cotton-wool supported by a bandage. In a day or little more, the breasts are normal if the infant is kept out of the mother's sight. The same condition of rest favors the treatment of boils and carbuncles. Pleuritic effusion is controlled on the same principle, and with the advantage over strapping that the dressing can be removed for the daily examination of the chest. In synovitis of the knee, even with fracture of the patella, the closely-molded dressing secures additional rest to that afforded by a splint, and it may be left on for a considerable time. I have also used it in inflamed glands. The salicylic acid in the oil of winter-green is a good antiseptic in cases in which the skin is fairly normal, and does not irritate. Of the other uses of antiphlogistine I have nothing to say; some of those claimed seem to me to be better met by more strenuous means.

◆ ◆

VERONAL COMPARED WITH OTHER HYPNOTICS.

In an interesting article Dr. Albrecht speaks of his extensive experience with veronal in patients with mental affections. In those with strong constitution the dose was rarely below 15 grn., while half the amount usually sufficed in weakened individuals. Owing to rapid excretion, a cumulative action has only rarely been observed. Small doses only are required in nervous insomnia or in the restlessness of senile dementia, but somewhat larger amounts are usually necessary in the irritability of imbeciles and epileptics. In melancholia, veronal was often effective where opium failed in 8-grn. doses. The drug is especially indicated where there is nervous exhaustion. The action was less pronounced in katatonic and paralytic excitation, and in the condition of exaltation accompanying mania, but veronal was in no way inferior to other drugs generally employed here. No after-effects were recorded. The action was the same, no matter whether the patients received powder or tablets.

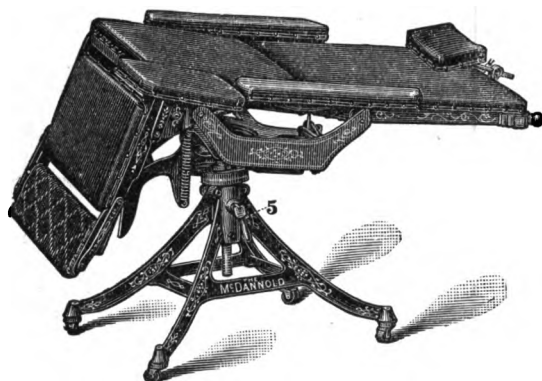
Chloral is not free from deleterious effects, and though prompt in its action, is often vomited. It is distinctly irritating to mucous membranes. It should not be used where there is cardiac weakness.

Sulfonal is excreted more slowly than veronal, and causes serious metabolic disturbances, which may persist even after the drug is no longer taken. It is very insoluble, hence is not suited for rectal use. The same objections hold for trional.

Paraldehyde is a comparatively safe hypnotic, but has a very disagreeable odor and taste, and often fails.

The author concludes that the safest and best hypnotic to use in mental derangement is veronal.—*Die Heilkunde, October, 1907.*

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Floor to top of drawers,	28 In.
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Plain Glass Door and Sides, Double Strength Shelves. Bevel Plate Glass Mirror on top, \$22.00

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With Bevel Plate Glass Door and Sides. Front edge of Shelves rounded, \$27.00

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¶ COLAX is put up in the form of wafers or biscuits in separate moisture-proof wrappers. The biscuit may be eaten with soup, broth, cereal coffee, cream and sugar, fruit juice or stewed fruit.

Put up in cartons, each containing
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MEDICAL PROGRESS.

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The editor has received the following communication, which is published for the reason that this new language appeals strongly to all who have the interest of humanity sincerely at heart, and especially to those who believe in the ultimate victory of peace, brotherhood, and good-will among mankind. In Europe, Esperanto has already attained immense popularity in medical organizations, the Red Cross Society has seriously taken up the propaganda, and many scientific magazines publish Esperanto matter.

DEAR SIR: Notwithstanding the great amount of publicity which has been given to Esperanto, the international language, I find that at this time not more than one-tenth of the people of the United States have even a vague idea of its purpose and scope, and perhaps not one in a hundred has a reasonably definite conception of it. As a sort of counter-irritant to the

MEDICAL PROGRESS.

irresponsible criticism which is occasionally circulated by the uninformed, I have printed for a free distribution a second edition of 100,000 copies of a small primer, *Elements of Esperanto*, setting forth the grammar, word-construction, and purpose of the language, and will mail a copy to any person who requests it, sending stamp for postage. While you may not be personally interested, there are thousands of your readers to whom this movement for an international auxiliary language, which now covers every country on earth, will appeal as something more than a fad, and they would appreciate your giving space to this letter.

Cordially yours,

ARTHUR BAKER,

Editor *Amerika Esperantisto*, 1239 Michigan Avenue, Chicago, Illinois.

♦ ♦

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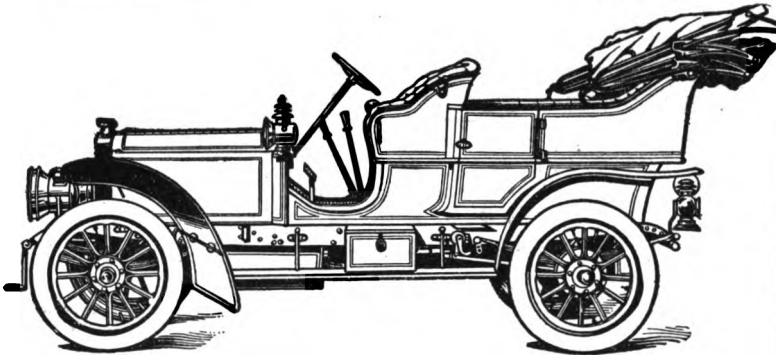
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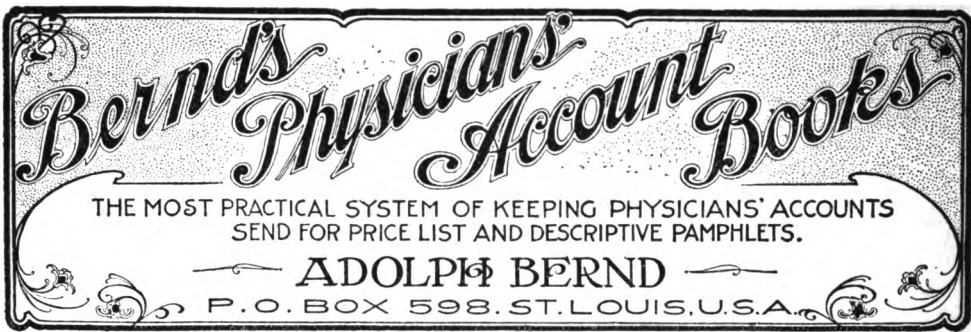
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These lectures will be devoted entirely to therapeutics in its broadest sense. They will include beside the homeopathic therapeutics of some of the more common important diseases, their general management, hygiene, diet, sanitary precautions, care of convalescence, hydrotherapy and electricity. In other words, A SYMPOSIUM OF THE TREATMENT OF DISEASE.

On Wednesday of this week those present will visit the Metropolitan Hospital, where all forms of therapeutic measures will be demonstrated.

On Thursday, May 14th, the exercises of Alumni Day and Commencement will be held, with the Banquet in the evening.

All are invited. Try to come

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